

PTO/SB/01 (10-02)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	IBT1.073-US
First Named Inventor	Russell
COMPLETE IF KNOWN	
Application Number	NA
Filing Date	Concurrently herewith
Art Unit	NA
Examiner Name	NA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLASTIC BRACHYTHERAPY SOURCES

(Title of the Invention)

the specification of which:

☐ is attached hereto

OR

☒ Was filed on (MM/DD/YYYY) **08/20/2004** as United States Application Number or PCT International
Application Number **PCT/US04/27116** and was amended on (MM/DD/YYYY) **07/25/2005** and concurrently herewith (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	003775	OR	<input type="checkbox"/> Correspondence address below
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Address				
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Country	Telephone		Email	
<p>WARNING:</p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identify theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)):		Family Name or Surname:		
John L.		Russell, Jr.		
Inventor's Signature			Date	
Russell signs here:			Feb. 2006	
Residence: City	State	Country	Citizenship	
Canton	Georgia	US	US	
Mailing Address				
6000 Live Oak Parkway				
City	State	Zip	Country	
Norcross	Georgia	30093	US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB-02A or 02LR attached hereto.				

PTO/SD/02A (09-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet	Page <u>2</u> of <u>2</u>
--------------------	---	---------------------------

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John L.		Carden, Jr.	
Inventor's Signature: Carden signs here: <i>John L. Carden, Jr.</i>		Date <u>17</u> Feb. 2006	
Residence: City Brussels	State	Country Belgium	Citizenship US
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roy		Coniglione	
Inventor's Signature: Coniglione signs here:		Date Feb. 2006	
Residence: City Alpharetta	State Georgia	Country US	Citizenship US
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dominique		Moyaux	
Inventor's Signature: Moyaux signs here:		Date Feb. 2006	
Residence: City Brussels	State	Country Belgium	Citizenship Belgium
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium

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PTO/SB/81 (04-05)

Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Newly filed
Filing Date	Concurrently herewith
First Named Inventor	Russell
Title	Plastic Brachytherapy Sources
Art Unit	NA
Examiner Name	NA
Attorney Docket Number	IB11.073-WO

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

003775

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>John L. Carden, Jr.</i>	Date	Feb. 7 2006
Name	John L. Carden, Jr.	Telephone	011 32 64 520 813
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	IBT1.073-US
		First Named Inventor	Russell
		COMPLETE IF KNOWN	
		Application Number	NA
		Filing Date	Concurrently herewith
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Art Unit	NA
		Examiner Name	NA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

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PLASTIC BRACHYTHERAPY SOURCES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/20/2004 as United States Application Number or PCT InternationalApplication Number PCT/US04/27116 and was amended on (MM/DD/YYYY) 07/25/2005 and concurrently herewith (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

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Name						
Address						
City			State		ZIP	
Country		Telephone			Email	
WARNING:						
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p>						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>						
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))				Family Name or Surname		
John L.				Russell, Jr.		
Inventor's Signature Russell signs here: 				Date		
				Feb. 10, 2006		
Residence: City		State		Country		Citizenship
Canton		Georgia		US		US
Mailing Address						
6000 Live Oak Parkway						
City		State		Zip		Country
Norcross		Georgia		30093		US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.						

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet <div style="text-align: right;">Page <u>2</u> of <u>2</u></div>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John L.		Carden, Jr.	
Inventor's Signature Carden signs here:			Date Feb. 2006
Residence: City Brussels	State	Country Belgium	Citizenship US
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roy		Coniglione	
Inventor's Signature Coniglione signs here:			Date Feb. 2006
Residence: City Alpharetta	State Georgia	Country US	Citizenship US
Mailing Address Zone Industrielle G			
City 7180 Seneffe	State	Zip	Country Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dominique		Moyaux	
Inventor's Signature Moyaux signs here:			Date Feb. 2006
Residence: City Brussels	State	Country Belgium	Citizenship Belgium
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Newly filed
Filing Date	Concurrently herewith
First Named Inventor	Russell
Title	Plastic Brachytherapy Sources
Art Unit	NA
Examiner Name	NA
Attorney Docket Number	IB11.073-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

003775

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Signature

Date Feb. 10 2006

Name

John L. Russell, Jr.

Telephone 770-720-8824

Title and Company

Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PLASTIC BRACHYTHERAPY SOURCES

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the specification of which

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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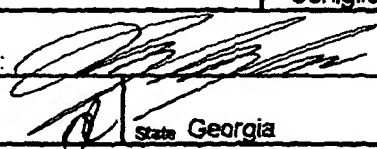
DECLARATION — Utility or Design Patent Application

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Address				
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<p>WARNING:</p> <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p>				
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
John L.		Russell, Jr.		
Inventor's Signature				Date
Russell signs here:				Feb. , 2006
Residence: City	State	Country	Citizenship	
Canton	Georgia	US	US	
Mailing Address				
6000 Live Oak Parkway				
City	State	Zip	Country	
Norcross	Georgia	30093	US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

PTO/SB-02A (09-04)
Approved for use through 07/31/2008. OMB 0551-0032
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
	Page <u>2</u> of <u>2</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John L.		Carden, Jr.	
Inventor's Signature Carden signs here:			Date Feb. 2006
Residence: City Brussels	State	Country Belgium	Citizenship US
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roy		Coniglione	
Inventor's Signature Coniglione signs here: 			Date Feb. 16 2006
Residence: City DULUTH Alpharetta	State Georgia	Country US	Citizenship US
Mailing Address Zone Industrielle C 5435 HEATHRIDGE TERRACE			
City 7480 Seneffe DULUTH	State GA	Zip 30097	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
		Moyaux	
Inventor's Signature Moyaux signs here:			Date Feb. 2006
Residence: City Brussels	State	Country Belgium	Citizenship Belgium
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium

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Approved for use through 11/30/2005, OMB 0651-0035
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**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	Newly Filed
Filing Date	Concurrently
First Named Inventor	Russell
Title	Plastic Brachytherapy
Art Unit	NA
Examiner Name	NA
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

003775

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/90)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

IBT1.073-US

First Named Inventor

Russell

COMPLETE IF KNOWN

Application Number

NA

Filing Date

Concurrently herewith

Art Unit

NA

Examiner Name

NA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PLASTIC BRACHYTHERAPY SOURCES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

08/20/2004

as United States Application Number or PCT International
and concurrently herewith

Application Number PCT/US04/27116

and was amended on (MM/DD/YYYY)

07/25/2005

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	003775	OR <input type="checkbox"/> Correspondence address below
Name			
Address			
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Country	Telephone		Email
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John L.		Russell, Jr.	
Inventor's Signature			Date
Russell signs here:			Feb. , 2006
Residence: City	State	Country	Citizenship
Canton	Georgia	US	US
Mailing Address			
6000 Live Oak Parkway			
City	State	Zip	Country
Norcross	Georgia	30093	US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
	Page <u>2</u> of <u>2</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John L.		Carden, Jr.	
Inventor's Signature Carden signs here:			Date Feb. 2006
Residence: City Brussels	State	Country Belgium	Citizenship US
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roy		Coniglione	
Inventor's Signature Coniglione signs here:			Date Feb. 2006
Residence: City Alpharetta	State Georgia	Country US	Citizenship US
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dominique		Moyaux	
Inventor's Signature Moyaux signs here:			Date Feb. 19 2006
Residence: City Brussels	State	Country Belgium	Citizenship Belgium
Mailing Address Zone Industrielle C			
City 7180 Seneffe	State	Zip	Country Belgium

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND RECD OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Newly Filed
Filing Date	Concurrently herewith
First Named Inventor	Russell
Title	Plastic Brachytherapy Sources
Art Unit	NA
Examiner Name	NA
Attorney Docket Number	IBT1. 73 US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:
OR

003775

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

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☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Dominique Moyalux

Date Feb 14 2006

Telephone 01132-64 52-08-01

Title and Company

Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

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